PTC/SB/06 (08-03)
Approved for use through 7/31/2008. OMB 0851-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docker Mustber		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	// OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.1(a))								5	OR		8
TOTA	AL CLAIMS FR 1. (6(c))		minus 20 4		•		x s=		UR-	xe.	
INDEPENDENT CLAIMS		is	minus 3 =						OR	x \$=	
·								OR	+:		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						TOTAL		1		<u> </u>
• H A	* If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	
CLAIMS AS AMENDED - PART II											
		(Column 1)		(Column 2)	(Column 3)		SMALL E	ENTITY	OR		R THAN ENTITY
A	8/15/15	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TRONAL		RATE .	ADDI- TIONAL
E	/· / ·	AMENDMENT	10000	PAID FOR	/			FEE	1		FEE
Š	Total QJ CFR 1.18(c))	240	Minus	40	/_		x \$=	<u> </u>	ÓR	x 8=	
AMENDMENT	independent (37 CFR 1.18(b))		Minus		- /		x s=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.)6(d))						+\$=		OR	+5_=	
					7		TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
		(Column 1)		(Cotumn 2)	(Column 3)						
NT B	15/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total 07 CFR 1.19(cl)	· 140	Minus	"HO	• /		x s=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.18(b))	111	Minus	- 12	- /		x \$=		OR	X \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+: -		OR	+5 =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
							ADULTEE] ~	7000112	
		(Column 1)		(Column 2) HIGHEST	(Column 3)				٦.		Т .
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
≥	Total CV CFR L18(cl)	•	Minus	**	8		x s=		OR	x \$=	
END	Independent (37 CFR 1.18(b))	•	Minus	***	8	1	x 8=		OR	x 8=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Í	+3 .		OR	+ 5	
\vdash	TINGT PRESENT	Compiler months				į	TOTAL		1	TOTAL	
	• If the entry in o	olumn 1 is less the	n the entry	in column 2. writ	e "O" in column	3.	ADD'L FEE	<u> </u>	OR	ADD'L FEE	
	" If the "Highest" If the "Highest !	Number Previously Number Previously	Paid For	IN THIS SPACE IN THIS SPACE	is less than 20, is less than 3, c	, en	x 3.	the server	ata how in :	softema 1	

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.